

17-1-1958

PONTYPOOL RURAL DISTRICT COUNCIL.

To the Chairman and Members of
the Pontypool Rural District.

ANNUAL REPORT.

1957.

Mr. Chairman and Gentlemen,

Many of the changes in a changing world are impressed upon our consciousness through the medium of mass communication such as the television the wireless and the newspaper. Some of these are startling and combined with the publicity they receive, create a pointed and lasting impact. Medicine too has had its moments and much of what was once startling is now accepted as commonplace. Behind all the research which has enabled such strides to be made are the seemingly small, the seemingly unimportant, the almost dreary details of the everyday life of science in action. The advance of the whole depends upon the quiet but efficient functioning of the parts and so far as Medicine is concerned, prevention and the preservation of health may often play an inconspicuous but always vital role whose efficiency is now so much taken for granted that it might pass unnoticed - until something goes wrong.

A changing population has introduced many new social and public health problems. Overcrowding is much less in evidence to-day, partly due to smaller families and partly due to improved housing conditions, but the ranks of the elderly, many of whom are living alone are ever increasing. Thus we have witnessed a decline in the incidence of crowd diseases and an upward trend in the ailments associated with age. The problems associated with old age are well known and we continually press for the application of their solution. It is our duty to make life healthier and more comfortable in the advancing years.

Much has been achieved in the field of sanitation and higher standards of living. Great advances have been made in the prevention and treatment of many illnesses. We have seen a decline in the incidence of the old-time infections but we must not forget that they are still with us. Food Poisoning, for instance, is much more common than records would suggest, and Influenza runs its course despite isolation and the introduction of antibiotics. Many of the communicable diseases have lost their news value, emphasis having shifted to the viruses. Poliomyelitis, for example, has been widely publicised. Until recently, little could be done to prevent the spread of Poliomyelitis, but now that extensive immunisation of children has been introduced, we look forward with hope to the effective control of yet another Infectious Disease. On the other hand, little attention has been given to such diseases as Rubella. We know the serious defects which follow maternal rubella, yet this disease remains non-notifiable.

We have profited to a large extent from a system of better education, fuller employment, and a national health service. But we have also experienced an increase in speed, unrest and tension. Many more of us may live longer than our grandparents but we may also suffer from many more anxieties. As a result, the stress and strain diseases are gaining in prevalence. Previous Annual reports have shown the increased mortality from Coronary Thrombosis, and 1957 shows no deviation from this upward trend. While certain preventive measures can now be taken by the individual to help prevent the onset of Cancer, our knowledge of this disease remains incomplete. Continued research is therefore necessary if morbidity and mortality are to be lowered. In the fight against Cancer, the M.O.H. is still hampered through non-notification.

Maternity and Child Welfare.

We have achieved a very high standard in the care of mothers and children. Post-welfare services and health education have gone a long way towards providing maternal and child health.

The Infant Welfare Clinics at Usk and Croesyceiliog are held on the Thursday of each week. Mothers and children under 5 years of age attend these centres. There is also a Maternity and Child Welfare Mobile Clinic which visits the more inaccessible Rural areas. There is a Doctor and Health Visitor in attendance at each of these clinics. The Ante-Natal Clinic is held fortnightly at the Usk centre.

The importance of early and regular attendance of expectant mothers at an ante-natal clinic cannot be overstressed. It is desirable for her to attend monthly until the 28th week of pregnancy, fortnightly between the 28th and 32nd weeks, and weekly thereafter. A comprehensive medical examination is carried out which includes urine examination, blood tests and weight recording. Any departure from the normal may then be detected early and steps taken to remedy any abnormalities which may occur.

Mothers are too often guilty of neglecting their own well-being but are generally eager to seek advice on the care of their young, as shown by the regular and excellent attendances at the Infant Welfare Clinics. Last year there was an average monthly attendance of 293 and 103 babies at Croesyceiliog and Usk respectively. With the continued growth of the new town of Cwmbran there has been a steady increase in the members attending at the Croesyceiliog centre. Tuberculin testing vaccination against Small Pox and Immunisation against Diphtheria and Whooping Cough are now well established procedures. The programme of vaccination against Poliomyelitis has also been extended and is now offered to children up to the age of 15 years.

VACCINATION AGAINST SMALL POX.

NUMBERS VACCINATED.

AGE GROUPS.	In 1952.	In 1953.	In 1954.	In 1955.	In 1956.	In 1957.
Under 1 year.	23	17	27	23	83	111
1 - 4 years.	-	2	3	20	43	1
5 - 14 years.	5	1	-	6	8	-
15 +	16	18	6	-	21	1
TOTAL.	44	38	36	49	155	150

IMMUNISATION AGAINST DIPHTHERIA AND WHOOPING COUGH.
NUMBERS IMMUNISED.

AGE GROUPS.	In 1952.	In 1953.	In 1954.	In 1955.	In 1956.	In 1957.
0-4 yrs.	51	40	54	49	145	147
5-9 yrs.	1	14	45	194	-	10
5-16 yrs.	1	-	4	79	144	-
TOTAL.	53	54	103	322	289	157

DOMICILIARY MIDWIFERY AND NURSING SERVICES.

There are four district midwives/nurses operating in the Rural District. Although a large majority of expectant mothers are admitted to the local hospital for their confinement, the midwife still takes a great pride in the care of the few that choose to remain at home at this particular time. Calls made of the services of the local district nurses continue to be heavy. Many of the district's elderly are classified as chronic sick and under existing circumstances, it is extremely difficult to have them admitted to hospital. It is in this type of case more than any other that the work of the District Nurse has proved invaluable.

Domestic Help Service.

The increase in district nursing has been coupled with a steady growth in the Home Help Service. In 1957, there were 110 cases in the Number 10 area, who benefited from this home help service as compared with 90 cases in 1956. The number of home helps employed in the area was 65. Most of the cases are the aged chronic sick who have no other available domestic help. Due to the chronic nature of their illness, their advanced years and home circumstances, domestic help is required over long periods.

Ambulance Service.

Pontypool Rural District is served by an ambulance at Usk and ambulances are also available from Pontypool Depot under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control by the County Council aims at making the most economic use of Ambulances and mutual assistance between Local Health Authorities avoids, as far as possible, ambulances running empty. Where a trained attendant is considered necessary this will be provided on the request of the General Practitioner in charge of the case.

Health Education.

To-day, it is second nature for the appropriately trained staff of a Health Department whether they be Health Visitors, Home Nurse Public Health Inspectors and Doctors to spread the gospel of good hygiene and healthy living. We have concentrated our attention on methods of health education through home visits, and at clinics. Advice is given in Mothercraft, home management, and prevention of disease and accident, and the upbringing of children. The results of health education cannot be measured statistically but its success is obvious. An enlightened public will no longer accept the low standard of hygiene and sanitation that once prevailed in the district. A progressive general knowledge regarding the causation of disease demands preventive measures as illustrated by the increasing interest in vaccination and immunisation.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service in the Number 10 Area, now operates from Leven House, Abergavenny. The service is co-ordinated with the Regional Hospital Board and Hospital Management Committee.

No adult guidance clinics are held in the area but individual cases, patients suffering from the early nervous strain, and who are finding difficulty in adjusting themselves in their homes or at work, are seen by Dr. Cochrane Dyatt, The County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Welfare Service.

The Welfare Officer of the Number 10 Area caters for the needs of the Rural District as regards Welfare Services, which come within the provisions of the National Health Act (1948 - 51)

INFECTIOUS DISEASES.

During the year 1957 there were no fatalities from Infectious Diseases. Notifications also, are nowadays few from this group of diseases. Whereas Infectious Diseases were the major cause of morbidity and mortality in this country 50 years ago, very few deaths are attributed to them to-day. Diseases such as Typhoid Fever and Cholera are now conspicuous by their absence. Nevertheless, it is essential to maintain constant vigilance in our water supplies, sewage and refuse disposal, food hygiene, etc.

Diphtheria is another example of a disease which plays a minor role in both morbidity and mortality. It is well known that a sudden drop in the number of cases and of deaths from Diphtheria can only be attributed to successful immunisation which was universally adopted in this country in 1942. But, if we are to continue in this comparative freedom then a high level of immunity must be maintained. Hence the importance of parents securing adequate protection for their children.

The severity of Scarlet Fever has varied periodically since the time it was first described as Scarlatina by Sydenham in 1676. At that time it was of a mild type, then it became severe with devastating effects. In the 19th Century it became mild again with reversion to the virulent type in 1830. Since 1870, it has become gradually milder, and although 6 cases were notified in Pontypool Rural District in 1956, they were all of a mild character. This change in virulence cannot be explained by improvements in sanitation but it appears to be more of a change in ~~host-para~~ parasite relationship. The prevailing low mortality may also be partially due to the effective use of antibiotics.

Last year I received 49 notifications of measles but once again the illness was one which resulted in no mortality. The **general** level of incidence of measles does not seem to have varied greatly of recent years, but complications appear less often and there has been a decline in the number of deaths. It is reasonable to suppose that this fall in mortality is largely a matter of decreased severity and improved treatment.

For some years, Whooping Cough has been one of the most dreaded and crippling diseases of infancy. If completeness of notification is accepted then the low incidence in Pontypool Rural District is indeed satisfactory. Fewer cases of Whooping Cough are naturally to be expected now that ample opportunity for immunisation is available to all healthy children.

Tuberculosis continues to claim its victims but there still remains a nucleus of infective cases in the population. Perhaps these unfortunate people do not know that they are tuberculous and capable of passing it on to neighbours or relatives, but on the other hand, they may be suspicious yet loathe to consult their Doctor for fear of being branded, losing their job, etc. Many of these unknown cases are later found amongst the elderly who appear to have suffered from a 'bad chest' for years. These are danger to the Community. Most patients become tuberculous from breathing in the organisms discharged into the air by an infected ^{person} coughing, talking, sneezing or by breathing in infected dust. Occasionally they may get it from infected food, especially milk. The greater degree of contact the greater the risk of developing the disease. Overcrowding, poverty and certain occupations also have their adverse effect on tuberculosis. Nearly everybody has had tuberculosis in a non-Clinical form. We can find out about this by the tuberculin test which is now a routine procedure in our schools and infant welfare clinics, and all positive reactions are X-rayed. School leavers are X-rayed annually by the mass radiography unit which is also available periodically to the general public. In 1957 only 4 cases of pulmonary Tuberculosis were notified in this district, but if the reservoir of infection is to be discovered and eradicated then it would appear advisable for everyone of 15 years and over to be X-rayed annually, unfortunately this cannot be done as the mass radiography units are too few at present.

Until 1900 little was known about Poliomyelitis. The illness was first described in this country in 1795 but not until 1865 do we find records of its occurrence in epidemic form. Since 1900 however it has become evident that Poliomyelitis is world-wide in its distribution, but its clinical behaviour varies from place to place. It is now generally accepted that it is a highly infectious disease affecting children and spread largely by human contact. The spread of poliomyelitis is facilitated in communities where sanitation is primitive and living conditions overcrowded and poor. In such areas, infection and immunity are acquired at an early age, with the actual disease smouldering indefinitely, rarely giving rise to explosive outbreaks. On the other hand where sanitation is more advanced, contact with the virus occurs at a later age, so that infection and immunity are more slowly acquired. Hence periodic epidemics of Poliomyelitis are to be found in the more enlightened communities with high living standards. It would seem, therefore, that artificial immunisation offers a greater measure of success in the prevention of Poliomyelitis rather than attempts to rid the environment of the causative organism. The year 1956 was assured of a place in epidemiological history as the year in which poliomyelitis vaccine was tried in Britain. It demonstrated that the vaccine is safe. The public response to vaccination has been encouraging. The Research Defence Society has issued a pamphlet on anti-poliomyelitis vaccination in which pertinent questions are answered candidly.

We are fortunate in this district that there have been comparatively few outbreaks of Food Poisoning, only one case having notified in 1957. The standards of food hygiene generally have shown a measure of improvement. I feel that Food Hygiene Regulations, health education and an enlightened public are slowly having the desired effect in the fight against Food Poisoning.

VITAL STATISTICS.

Area in Acres	34,147
Population (Estimated)	9,240
Inhabited Houses (according to rate book)	2,429
Rateable value	£63,837
1d Rate	£298. 13. 0.

1957.

<u>Live Births.</u>	<u>Totals.</u>	<u>M.</u>	<u>F.</u>	<u>Still Births.</u>	<u>T.</u>	<u>M.</u>	<u>F.</u>
Legitimate	214	100	114	Legitimate	5	3	2
Illegitimate	1	1	0	Illegitimate	0	0	0
TOTALS	215	101	114	5	3	2	

Birth Rate. 1957.	Pontypool Rural.	County.	England & Wales.
(per 1000 est. population)	23.3.	17.07.	16 . 1.

Comparability Factor. equals 0.83.

Adjusted Birth Rate. 23.3 x 0.83 = 19.34.
Pontypool Rural District.

Still Birth Rate	1957.	Pontypool R.D.	County.	England & Wales.
per 1000 total				
live & still Births.		22.7.	-----	22.4.

Still Birth Rate		
per 1000 Population.	0.54.	0.51.

<u>Deaths.</u>	<u>Totals.</u>	<u>Male.</u>	<u>Female.</u>
----------------	----------------	--------------	----------------

All causes.	65.	34.	31.
Cancer.	11.	4.	7.
Cancer of Lung.	0.	0.	0.

Death Rate per	Pontypool R.D.	County.	England & Wales.
1000 Population			
in 1947.	7.03.	11.96.	11.5.

Adjusted Death Rate for Pontypool Rural District. equals 7.03 x 1.28 = 8.998.

Deaths due to Pregnancy, Child Birth & Abortion. Nil.

Maternal Mortality.	Rural District.	Nil.
(Rate per 1000 births)	County.	0.7.

Infant Mortality.

Infant deaths from Measles.	Nil.
Infant deaths from Whooping Cough.	Nil.
Infant deaths all causes.	3. (2M. 1F).

Deaths of children under one year of age in age groups.

<u>Age Group.</u>	<u>Number of Deaths.</u>
-------------------	--------------------------

Under 1 week.	2.
1 to 4 weeks.	0.
1 to 12 weeks.	1.
	<u>3.</u>

Infant Mortality Rate.	Rural District.	County.	England & Wales.
(Per 1000 Live Births).	13.95.	30.98.	23.0.

INFECTIOUS DISEASES.

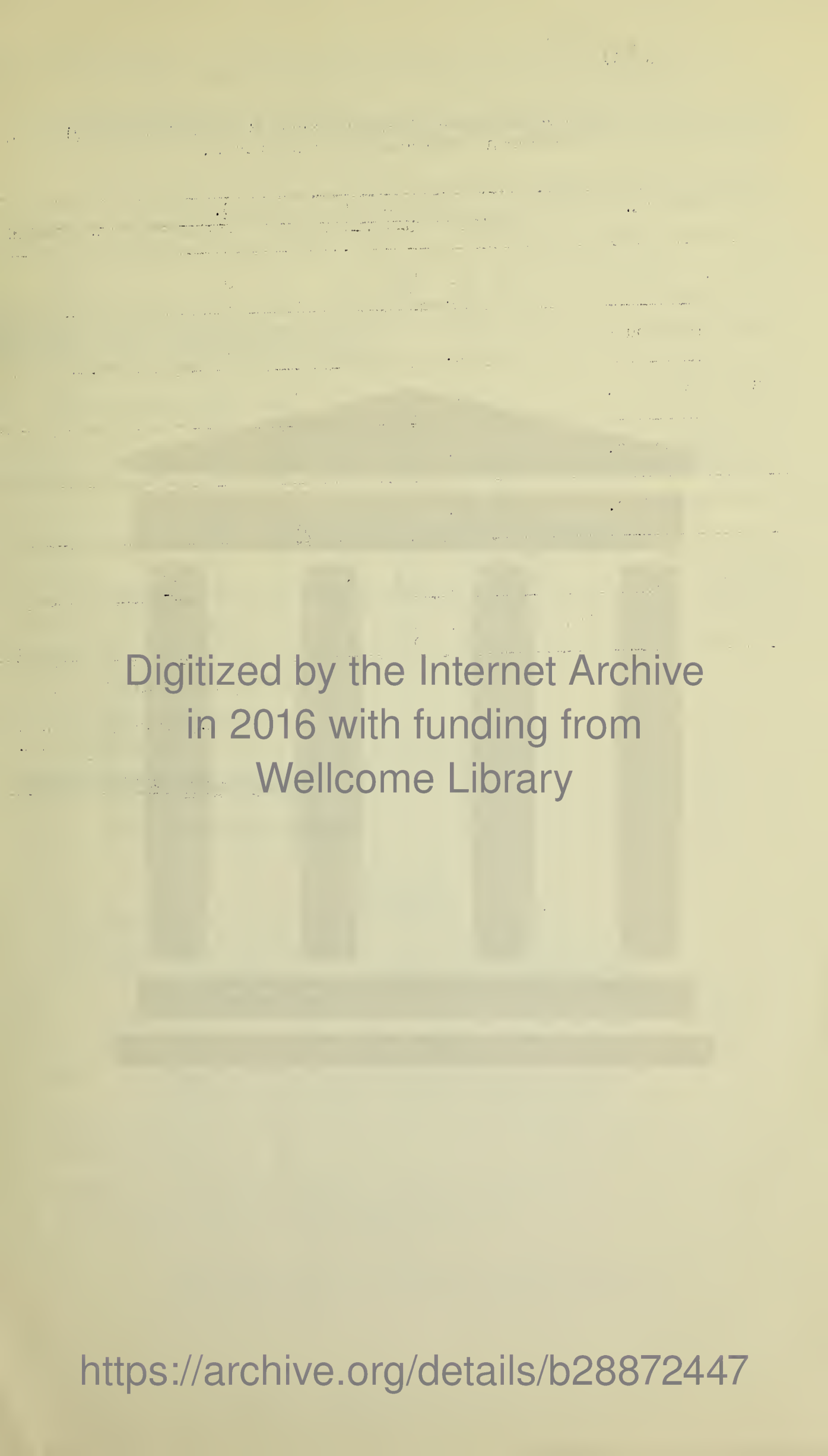
No. of cases notified.

Scarlet Fever.	4.
Whooping Cough.	5.
Measles.	49.
Cerebro Spinal Meningitis.....	0.
Polioomyelitis.	4.
Erysipelas.	0.
Diphtheria.	0.
Dysentery.	0.
Pneumonia.	0.
Post Infective Encephalitis.	0.
Puerperal Pyrexia.	1.
Food Poisoning.	0.

Tuberculosis.

Notified Pulmonary.	Male. 2.	Female 2.
Non "	Female. 0	Male 0.

<u>Deaths.</u> Pulmonary.	Male. 0.	Female 0.	Non-Pulmonary. M. 0. F. 0.
---------------------------	----------	-----------	----------------------------



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28872447>

Infectious Diseases (other than Tuberculosis) notified during 1957
and classified according to age and sex groups.

Disease.	A G E G R O U P S.						Totals.
	Sex	0-4	5-9	10-14	15-24	25 plus.	
Measles	M.	7	14	0	0	0	21
	F.	15	12	1	0	0	28
Whooping Cough.	M.	2	1	0	0	0	3
	F.	2	0	0	0	0	2
Scarlet Fever.	M.	0	1	0	0	0	1
	F.	11	1	1	0	0	3
Poliomyelitis.	M.	1	0	0	0	0	1
	F.	2	1	0	0	0	3
Food Poisoning.	M.	0	0	0	0	0	0
	F.	0	1	0	0	0	1
Acute Primary Pneumonia.	M.	0	0	0	0	0	0
	F.	0	0	0	0	1	1
Puerperal -Pyrexia.	M.	0	0	0	0	0	0
	F.	0	0	0	0	1	1

Yours faithfully,

S.M.R.Harvey, BSc.M.B. B.Ch.
D.P.H.

Medical Officer of Health.

PONTYPOOL RURAL DISTRICT COUNCIL.

ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR FOR THE
YEAR 1957.

Sessions House,

Usk,

Mon.

To the Chairman and Members of the
Pontypool Rural District Council.

Mr. Chairman and Gentlemen,

I beg to submit my Annual Report on the
work carried out in the Department for the year ended 31st December,
1957.

SANITARY INSPECTION OF THE AREA.

Houses	220
Re-Inspections	48
Schools.	7
Water Supplies	72
Premises where food is prepared and sold	29
Rodent Control Inspection.	176
Factories and Workshops.	22

HOUSING.

1. Inspection of dwelling houses during the year:-

- (i) (a) Total number of dwelling houses inspected
for housing defects under the Public Health
and Housing Acts. 220
- (b) Number of inspections made for the purpose. . 220
- (ii) Number of dwellings found not to be in all
respects reasonably fit for habitation. . . . 8

2. Remedy of defects found during the year without service of
formal notice:-

Number of defective dwelling houses rendered
fit in consequence of informal action by
Local Authority, or their officers 5

- (i) Number of dwelling houses in respect of
which notices were served requiring defects
to be rendered. 4.

3. (c) Proceedings under Sections 11 and 13 of the Housing Act 1936:-

- | | | |
|------|---|----|
| (i) | Number of dwelling houses demolished in pursuance of Demolition Orders | 0 |
| (ii) | Number of dwelling houses in respect of which Demolition Orders were made | 13 |

CARAVANS.

Strict control is maintained over caravans that are stationed in the district, and close liaison is maintained with the County Planning Department over any new caravan sites. Water and sanitation to the caravans are satisfactory and no nuisance has arisen.

HOUSING REPAIRS.

I am pleased to report that it was only found necessary to serve Two Statutory Notices either under the Public Health Act, 1936.

Co-operation between landlord and tenant is generally good.

IMPROVEMENT GRANTS.

With the passing of the Housing Repairs and Rents Act 1954, a considerable impetus was given to the number of applicants for Improvement Grants, and during the year 15 Improvement Grants made being over £3,802 up to December, 1957; Thirty five Grants have been made totalling £7,654.

SCHOOLS.

All schools are visited periodically and sanitation and water supplies are mostly satisfactory. The notable exception is Llantrissant School which is supplied with well water for drinking purposes.

WATER SUPPLY.

32 bacteriological water samples were taken during the year; 20 of which were from Public Supplies. All samples taken from mains supplies were satisfactory. Samples taken in the Glascoed and Coedypaen district are unsatisfactory, and the Council are endeavouring to provide a mains supply of drinking water to the district as soon as possible.

During the year work was completed on the Llangybi, Tredunock and Newbridge water scheme. Approximately 65 Premises have been connected to mains supplies.

REFUSE COLLECTION.

Refuse is collected along practically all roads in the district. Collection of refuse is carried out by Direct Labour, using a "S.D." Refuse Collection Vehicle.

Collections are made weekly in the Parish of Llanfrechfa Lower; fortnightly in the parishes of Llanbadoc and Goytre and monthly from some 350 houses along routes throughout the remaining scattered Parishes of the Council's area.

Refuse tips are situated at Pontypool, Cwmbran, for the western part of the district and at Usk and Nantyderry for the eastern part of the area. The tips are kept levelled, and where possible overdressed with soil. No infestation was reported at any of the tips.

NUISANCES.

All nuisances were dealt with by informal action. However two Statutory Notices were served upon Owners under the Public Health, 1936.

MILK DISTRIBUTORS AND DAIRIES.

Particulars of Dairies and Milk Distributors on Register at 31st December, 1957.

Dairies 1

Milk Distributors 10

The dairy vehicles of the distributors were inspected frequently and samples of milk taken during the year were of the standards required.

INFESTATION ORDER.

The necessary treatment of sewers was carried out, and regular inspections of refuse tips were made. An increased number of complaints of Rat Infestations were dealt with in the Croesyceiliog area.

MEAT INSPECTION.

There is no slaughterhouse situated in the Pontypool Rural District, however, there is one slaughterhouse within the Rural District of Usk, from which meat is sold to persons living within the Rural District. Being employed by the two Authorities, I inspect all meat before it leaves the slaughterhouse at Usk.

F A C T O R I E S A C T .

1. Inspections for purpose of provisions as to health (including inspections made by the Sanitary Inspector.

Premises.	No. on Register.	N U M B E R O F		Occupiers Prosecuted.
		Inspections.	Written Notices.	
(i) Factories in which Sections 1,2,3,4,6 are to be enforced by the Local Authority.	6	8	Nil.	Nil.
(ii) Factories not included in above in which Section 7 is enforced by L/A.	14	10	Nil.	Nil.
(iii) Other premises in which Section 7 is enforced by L/A.	10	21	Nil.	Nil.
TOTAL	30	39	Nil.	Nil.

2. Cases in which defects were found.

Particulars.	N U M B E R O F D E F E C T S .				Prosecutions.
	Found.	Remedied.	Referred to H.M.I.	Referred by H.M.I.	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable Temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage of floors.	-	-	-	-	-
Sanitary Conveniences (S.7)	2	2	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective.	-	-	-	-	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork.	-	-	-	-	-
TOTAL	2	2	-	-	-

I am,

Your obedient Servant,

Robert F. Davies, M.A.P.H.I.,
M.R.I.P.H.H.

Public Health Inspector.